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ABSTRACT

Researchers investigated the causal attributions for health and illness among 96 Brazilian elementary school students. Subjects were interviewed individually and their causal attributions were assessed through 14 true-false items (e.g. people stay well because they are lucky). The findings suggest that there may be more cross-cultural similarities than differences in children's causal perceptions for health and illness. Younger and low socio-economic scale subjects' beliefs in the uncontrollable and immanent-justice type of attributions (e.g. luck and disobedience) is consistent with age and cognitive development research in this area. Taking care of one's self was considered the most important cause of health, while virus/germs and lack of self care were the most selected causes of illness. Chi-Square analyses revealed some significant age, gender, and socio-economic status related differences in the selection of causal attributes. Children should be made aware of the importance that self care plays in health but health professionals should not overemphasize the lack of self care in illness so as to help children develop a more realistic and less "blame the victim" view of sickness. (RJM)

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CAUSAL ATTRIBUTIONS FOR HEALTH AND ILLNESS: A CROSS-CULTURAL CONTRIBUTION

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CAUSAL ATTRIBUTIONS FOR HEALTH AND ILLNESS: A CROSS-CULTURAL CONTRIBUTION

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ABSTRACT

Causal attributions for health and illness were investigated among 96 Brazilian elementary school students. Subjects were interviewed individually and their causal attributions were assessed through 14 true-false items (e.g.people stay well because they are lucky). Overall, results were consistent with previous research (Green & Bird,1986). Taking care of one's self was considered the most important cause of health. Virus/Germs and Lack of Self-care were the most selected causes of illness. Chi-Square analyses revealed some significant age, gender and SES related-differences in the selection of the causal attributions. Findings are discussed in terms of their implications for health prevention.

CAUSAL ATTRIBUTIONS FOR HEALTH AND ILLNESS: A CROSS-CULTURAL CONTRIBUTION

Understanding how health and illness-related cognitions develop and change is essential not only for the implementation of appropriate health preventative programs and curriculum, but also for the development of a more comprehensive theory of health behavior (Green & Bird, 1986; Natapoff & Essoka, 1989; Skelton & Croyle,1991). As most of the research in this area has been carried out in developed countries, and has predominantly investigated isolated cognitions, the present study is a cross-cultural investigation of causal attributions for both health ("staying well") and illness ("getting sick"), in relation to age, gender and SES, among Brazilian elementary school students.

Subjects

The sample was composed of 96 randomly selected subjects from 32 classrooms of two Brazilian schools (one public and one private) from the north area of Rio de Janeiro County. Subjects were from middle and low SES, and from both sexes. The sample ranged in age from six to 14 years old and was divided into three age groups: from six to seven (33%),from eight to 11 (35%),and from 12 to 14 years old (32%).

Procedure

Subjects were interviewed individually by the principal investigator. Questions about their causal attributions for health and illness were based on Green & Bird's (1986) study and consisted of 14 statements: seven about causes of health and seven about causes of illness, written in a true-false item format (e.g., People stay well because they are lucky).

Results

Overall, results were consistent with Green & Bird's (1986) findings. Taking care of one's self was considered the most important cause of health (96.9%) followed by Family care (80.2%), and by Doctor care (68.8%). Virus and Germs (89.6%) and Lack of self-care (85.4%) were the most selected causes of illness, followed by Bad Weather (66.7%). Luck and Lack of Luck (31.3%; 31.3%), as well as Born that Way (37.5%, 31.3%) were the least chosen attributions for both health and illness, respectively. Chi-Square analyses revealed some significant age, gender and SES related-differences in the selection of the causal attributions ($p<.05$). Attributions such as: Luck, Born that way, Obedience, Doctor, Lack of Luck and Disobedience were significantly more frequent in the youngest and low SES groups. Lack of self-care was chosen significantly less by the youngest subjects. Virus/Germs and Lack of self-care were selected significantly less by the low SES students.Few gender differences were found. Virus and Germs, as well as Lack of Family care were significantly more frequent in males than in females.

Conclusions

Our findings suggest that there may be more cross-cultural similarities than differences in children's causal attributions for health and illness. Youngest and low SES subjects' higher frequencies in the more uncontrollable and immanent justice type of attributions (Luck, Disobedience) is consistent with age and cognitive development research in this area (Rashkis,1965; Kister & Patterson,1980; Burbach & Peterson 1986). Moreover, the majority of the subjects, from a much more fatalistic culture, were able both to acknowledge the importance of Self-care for health maintenance and to identify Virus/ Germs and Lack of Self-care as the most relevant causes of illness. In terms of health promotion efforts, it is clear that it is highly desirable that children be aware of the importance that self-care plays for health maintenance. However, care should be taken by health professionals in order not to overemphasize the role that lack of self-care has in the illness process, and to help children develop a more realistic and less "blame the victim" appraisal of ways of getting sick.